



Chippewa Cree Tribe

EFFECTIVE FINANCING STATEMENT

Filing Fee = \$7.00

In the space below, type the name and address where you want the Montana Secretary of State's office to send your confirmation letter.

Return Name:

Return Address:

RESERVED FOR FILING OFFICE

Contact Name:

Contact Phone Number:

1. DEBTOR'S Exact Full "Legal" Name - Only one debtor name (1a or 1b)

| | | | | | |
|-------------------------------|----------------------------|------------------------|------------|-------------|---------|
| or | 1a. Organization's Name | | | | |
| | 1b. Individual's Last Name | | First Name | Middle Name | Suffix |
| 1c. Mailing Address | | City | State | Postal Code | Country |
| 1d. Tax identification number | | 1e. Debtor's Signature | | | |

2. Additional DEBTOR'S Exact Full "Legal" Name - Only one debtor name (2a or 2b)

| | | | | | |
|-------------------------------|----------------------------|------------------------|------------|-------------|---------|
| or | 2a. Organization's Name | | | | |
| | 2b. Individual's Last Name | | First Name | Middle Name | Suffix |
| 2c. Mailing Address | | City | State | Postal Code | Country |
| 2d. Tax identification number | | 2e. Debtor's Signature | | | |

3. SECURED PARTY'S Name - Only one secured party name (3a or 3b)

| | | | | | |
|-------------------------------|----------------------------|------|------------|-------------|---------|
| or | 3a. Organization's Name | | | | |
| | 3b. Individual's Last Name | | First Name | Middle Name | Suffix |
| 3c. Mailing Address | | City | State | Postal Code | Country |
| 3d. Secured Party's Signature | | | | | |

The following table is for specific Farm Products only

| Specific Farm Product | Crop Year | Montana County | Farm Product Quantity/Description |
|-----------------------|-----------|----------------|-----------------------------------|
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Proceeds Covered ☐ (Check box if proceeds are covered)

Products Covered ☐ (Check box if products are covered)